



USAID | **TB CARE I**
FROM THE AMERICAN PEOPLE

Djibouti

**Year 1
Quarterly Report
April - June 2011**

July 29th, 2011

Quarterly Overview

Reporting Country	Djibouti
Lead Partner	WHO
Collaborating Partners	
Date Report Sent	15/07/2011
From	Ridha Jebeniani, STB Medical Officer
To	Mansour Ahmed, USAID Mission
Reporting Period	April-June 2011

Technical Areas	% Completion
2. Laboratories	29%
3. Infection Control	15%
4. PMDT	0%
6. Health Systems Strengthening	25%
Overall work plan completion	17%

Most Significant Achievements

The supervision of DOTS activities were carried out regularly in the capital by the staff from the Central Unit.

At the same time, the National Lab Supervisor performed regular supervisions and quality control in the capital Djibouti.

The procurement of sputum containers and lab reagents for TB microscopy has been initiated in coordination with GDF staff so that no shortages will be experienced by the NTP.

The introduction of new and rapid diagnostics in the National Reference Laboratory with the support of the Foundation for Innovative New Diagnostics (FIND) is at its final stage. Coordination is taking place with FIND to make sure that reagents and commodities for solid culture and DST that will be purchased through TBCARE will complement the items made available by the FIND supported project.

A review of the current WHO guidelines has been undertaken together with an analysis of the current disease and programmatic situation in the country with a view of a context specific guideline adaptation taking into consideration notably new diagnostic algorithms entailed by the ongoing introduction of new rapid diagnostic technologies.

Overall work plan implementation status

The implementation status is fair with a potential for a substantial acceleration in implementation during the next quarter as most preparatory work has already been made.

Technical and administrative challenges

The NTP was unable to carry out supervisory visits in the districts due to lack of transportation as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	8	1
Number of MDR cases put on treatment	8	1

* January - December 2010 ** January - June 2011

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
2.1	Quality of smear microscopy maintained	Percentage of TB treatment and diagnostic centres performing TB microscopy with over 95% of correct microscopy results	Numerator: Number of laboratories with over 95% correct microscopy results Denominator: Total number of laboratories performing TB microscopy	100%	90%		The National Lab Supervisor performed regularly supervisions and quality control in the capital Djibouti. At the time of reporting the results of the quality control are not yet available and will be added in the few coming days as an update to the present report.	The National Lab Supervisor was not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TB CARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.
2.2	All smear microscopy laboratories with QA in place	Percentage of laboratories performing TB microscopy where QA has been implemented according to newly developed national recommendations	Numerator: Number of laboratories performing QA activities for TB microscopy according to national recommendations Denominator: Total number of laboratories performing TB microscopy	100%	100%		The National Lab Supervisor performed regularly supervisions and quality control in the capital Djibouti.	The National Lab Supervisor was not able to carry out supervisory visits in the districts because of lack of means of transportation as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TBCARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.





2.3	National Reference Laboratory performing culture and DST	Culture and DST performed in the National Reference Laboratory		No	Yes		The identification and quantification of items needed is being coordinated with the Foundation for Innovative New Diagnostics (FIND), which is establishing an EXPAND TB project consisting of the introduction of new and rapid diagnostics in the National Reference Laboratory, to make sure that the procured items will complement the items made available by the FIND supported project.	The FIND experts will identify in coordination with the head of the National Reference Laboratory the definitive list of items needed for solid culture and DST, after which the procurement will be initiated by WHO through GSM.
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Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
3.1	An updated national IC Plan	Presence of an updated IC Plan	If present YES; if not present NO	No	Yes			
3.2	Health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL provided with respirators for personal protection	Existence of a sufficient supply of respirators for personal protection for health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL	If present YES; if not present NO	Yes	Yes		An RPE was submitted on GSM for respirators for personal protection against tuberculosis bacteria, model N95 with exhalation valve.	The procurement will be effected during the next quarter and the respirators will be made available to relevant health professionnels.

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
4.1	Improved capacity of the doctors of the National TB Reference Centre in managing MDR TB and of the Central Unit of the NTP in Programmatic Management of MDR TB	Manual on Programmatic Management of MDR TB is available	Manual on Programmatic Management of MDR TB is available	No	Yes			



Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
6.1	DOTS facilities regularly supervised	Percentage of supervisory visits performed by the Central Unit out of supervisory visits planned to DOTS facilities	Numerator: Number of supervisory visits performed during a specified time period by the Central Unit Denominator: Number of supervisory visits by the Central Unit planned according to the annual work plan during the same period		90%		The supervision activities were carried out regularly in the capital.	The Central Unit staff were not able to carry out supervisory visits in the districts because of lack of transportation means as a result of the funding restrictions imposed by the GF. The next step is to consider filling the financial gap in TBCARE 1 APA2 before GF Round 10 will take over, knowing that the grant signing is due in next December.
6.2	All public health facilities providing DOTS services	Percentage of public health facilities providing DOTS services	Numerator: Number of public health facilities providing DOTS services Denominator: Total number of public health facilities in urban and rural districts	100%	100%		A review of the current WHO guidelines has been undertaken together with an analysis of the current disease and programmatic situation in the country with a view of a context specific guideline adaptation taking into consideration notably new diagnostic algorithms entailed by the ongoing introduction of new rapid diagnostic technologies. A DFC contract was signed between WHO and the MOH providing for the MOH/NTP to reproduce recording and reporting forms.	During the next quarter the updated manual will be ready and the recording and reporting forms reproduced.

Quarterly Activity Plan Report




Outcomes	2. Laboratories							
			Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
2.1 Quality of smear microscopy maintained	2.1.1	Sputum containers (kits of 1000 units)	WHO	3.254	 50%	Jun	2011	Purchase requisition has been initiated on GSM. The procurement is being made through GDF.
	2.1.2	Reagents for TB microscopy (kits for 1000 examinations each)	WHO	12.294	 50%	Jun	2011	Purchase requisition has been initiated on GSM. The procurement is being made through GDF.
2.2 All smear microscopy laboratories with QA in place	2.2.1	Supervision by the microscopy lab by the National Lab Supervisor	WHO		 65%			The National Lab Supervisor regularly performed regular supervision and quality control in the capital Djibouti but was not able to do so in the districts because of lack of transportation as a result of the funding restrictions imposed by the GF.
2.3 National Reference Laboratory performing culture and DST	2.3.1	Reagents for cultures: 3200 cultures per year	WHO	25.312	 0%	Jun	2011	The identification and quantification of the items needed is being coordinated with the Foundation for Innovative New Diagnostics (FIND), which is establishing an EXPAND TB project consisting of the introduction of new and rapid diagnostics in the National Reference Laboratory, to make sure that the procured items will complement the items made available by the FIND supported project. Indeed some reagents and consumables were sent by EXPAND TB in the first procurement to Djibouti. They include some of the items needed for solid culture, because they are common items needed for liquid culture. The FIND experts will identify in coordination with the head of the National Reference Laboratory the definitive list of items needed for solid culture, after which the procurement will be initiated by WHO through GSM.





	2.3.2	Reagents for DST (275 DST per year)	WHO	14.916	 0%	Jun	2011	The identification and quantification of items needed is being coordinated with the Foundation for Innovative New Diagnostics (FIND), which is establishing an EXPAND TB project consisting of the introduction of new and rapid diagnostics in the National Reference Laboratory, to make sure that the procured items will complement the items made available by the FIND supported project. Indeed some reagents and consumables were sent by EXPAND TB in the first procurement to Djibouti. They include some of the items needed for solid culture, because they are common to items needed for liquid culture. The FIND experts will identify in coordination with the head of the National Reference Laboratory the definitive list of items needed for DST on solid culture, after which the procurement will be initiated by WHO through GSM.
	2.3.3	Refrigerated bench-top centrifuge	WHO	9.040	 10%	Jun	2011	After the TB CARE workplan has been developed and approved, it turned out that the NTP received from EXPAND TB, as part of the above mentioned project, a refrigerated bench-top centrifuge, which was on an exceptional basis as the contract makes it clear that general equipment is not included in the project. Therefore this activity has to be reprogrammed, which will likely take place in tandem with the development of APA 2 of TBCARE 1 to ensure reconciliation between the two workplans.
					 29%			

Outcomes	3. Infection Control			Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
							Month	Year	

3.1 An updated national IC Plan	3.1.1	Technical assistance for development of the National IC Plan	WHO	9.153	 0%	Jun	2011	The technical assistance will take place during the next quarter.
3.2 Health workers dealing with TB patients in the National TB Reference Centre and lab technicians of the NRL provided with respirators for personal protection	3.2.1	Procurement of N95 personal respirators for personal respiratory protection (100 health personnel for 300 working days with one week use per mask)	WHO	4.520	 30%	Jun	2011	An RPE was submitted on GSM for respirators for personal protection against tuberculosis bacteria, model N95 with exhalation valve.

 15%

Outcomes		4. PMDT	Lead Partner	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
4.1 Improved capacity of the doctors of the National TB Reference Centre in managing MDR TB and of the Central Unit of the NTP in PMDT	4.1.1	Technical assistance for the development of a manual on Programmatic Management of MDR TB	WHO	9.153	 0%	Jun	2011	The technical assistance will take place during the next quarter.
	4.1.2	Printing of the manual on Programmatic Management of MDR TB	WHO	2.260	 0%	Sep	2011	As the technical assistance will take place during the next quarter, the manual will be produced during the same quarter.
					 0%			

Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
	Month	Year						
6.1 DOTS facilities regularly supervised	6.1.1	Participation of the NTP Manager in an international conference on TB	WHO	6.646	 0%	Sep	2011	The international conference will be held in November 2011 and the Travel Request will be initiated before the award end date so that the funds will be encumbered.
6.2 All public health facilities providing DOTS services	6.2.1	Recording and reporting forms and registers	WHO	5.650	 25%	Jun	2011	A DFC contract was signed between WHO and the MOH providing for the MOH/NTP to reproduce the recording and reporting forms.
	6.2.2	Updating the NTP manual	WHO	3.390	 50%	Jun	2011	A review of the current WHO guidelines has been undertaken together with an analysis of the current disease and programmatic situation in the country with a view of a context specific guideline adaptation taking into consideration notably new diagnostic algorithms entailed by the ongoing introduction of new rapid diagnostic technologies.
					 25%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities											
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*	
Mission	PMU	USAID									
			2.3.3	Refrigerated bench-top centrifuge (already bought by EXPAND TB)		9.040					

* Detailed budget is attached

Request for Postponement of Activities to Next Year					
Approved By (write dates)			Old Code	1. Universal and Early Access Activities from the Work Plan	Remaining Budget
Mission	PMU	USAID			
				{Copy from the work plan}	

Request for Adding New Activities to the Current Work Plan					
Approved By (write dates)			New Code	1. Universal and Early Access Proposed New Activities	Proposed Budget*
Mission	PMU	USAID			

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)

